G. No. 2
M—2-43
5-17-39
I X25897

94
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rangefinger.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8166

State File No.

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 101

1. PLACE OF DEATH:

(a) County St Francois
(b) City or town Esther Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 St Francois Ins
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community — years, months or days) Lifeline

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Francois 94
(c) City or town Esther Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. — 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country — 0

3. (a) PRINT FULL NAME Mary Caroline Loughery

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race White 6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ Widowed

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased July (Month) 8 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	6	14	— hr. — min.

9. Birthplace Tennessee (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business ~~Harvey Westmorland~~

FATHER
12. Name Harvey Westmorland
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Martha Hill
15. Birthplace (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Otis Loughary
(b) Address Esther Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26 44 (Month) (Day) (Year)
(c) Place: burial or cremation Pittle Cemetery

18. (a) Signature of funeral director Sparks Wed Co
(b) Address Flat River Mo

19. (a) Feb-9-1944 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1944 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from DEC 16, 1943, 1943, to JAN 21, 1944; that I last saw her alive on JAN 21, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death MYOCARDITIS (CHRONIC)	YEAR
Due to HEPATITIS CHRONIC BRONCHITIS	SEVERAL YEARS
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93d

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 2

23. Signature W A Rahlfing (M. D. or other) DO
Address January 24, 1944 Date signed

1196

(Licensed Embalmer's Statement on Reverse Side) Flat River Mo

RECEIVED

District Health Officer No. 4

District File Number 344-3481

Date Filed 3-7-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Everett Sparks

Licensed Embalmer No. 4287

P. O. Address Flat River Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.